100 FIRST AID HINTS

BY

T. H. GARDNER, M.B. (Lond.)

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PREFACE.

THESE "hints" have been put together by request, as it was thought they might prove useful, especially at the present time, by placing within the reach of everybody some knowledge of what to do in cases of emergency. Everyone should be able to render some assistance to a fellow creature in distress, and these "hints" are to enable such as study them to "do something." Some description of the various conditions has been given, so that the principles of treatment may be the better understood.

T. H. G.

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GENERAL REMARKS.

1. Always keep cool, and don't lose your head when an accident happens, or when a serious emergency arises.

2. Presence of mind and a little common sense may save a patient's life, as, for example, by promptly stopping bleeding from a varicose vein or a wounded artery, or again by immediately cutting down a person who is hanging, instead of running off for help.

BLEEDING.

3. To stop Bleeding from a Wound.—Direct pressure on bleeding spot first and best means. If a pad of antiseptic lint or other dressing is at hand so much the better; if not, apply pad of clean linen (*e.g.*, clean handkerchief which has not been used after being washed). Press firmly on wound and bandage tightly. If no dressing available, put your finger on.

4. Other means of stopping Bleeding.—Application of very hot water, or cold water, also tying handkerchief above wound if bleeding from artery, or below if bleeding from vein, to stop blood stream.

5. Bleeding is of three kinds :—

FROM ARTERY.—Bright red, spurts out with each beat of heart. To stop, press on wound, tie handkerchief round limb above.

FROM VEIN.—Dark red, wells up in wound, blood going back to heart, so tie handkerchief below.

FROM CAPILLARIES. — Little vessels joining arteries to veins, blood is red, brisk stream from whole surface of wound. To stop, apply pressure, also very hot or cold water.

6. To stop Bleeding from Varicose Vein :—

Place finger over bleeding spot to begin with. Apply firm pad of clean linen and bandage tightly. Remove garters or any constriction above. Tie handkerchief round leg below wound. Raise the leg to lessen blood stream.

7. Bleeding from Nose. — Wash away blood with cold water, patient sitting on chair and leaning back with support for head. Apply cold water cloths or ice to nose, and cold to back of neck by wet cloth or key. Plug nostrils with cotton wool or strips of lint if necessary. Remember blood may be swallowed and vomited.

8. Bleeding after Extraction of Tooth.—Wipe away all blood and clots from mouth and tooth socket, and plug with cotton wool or strips of lint. Place good pad of wool or lint over this plug, and let patient bite on it.

9. Bleeding from Lungs.—Blood is coughed up, bright red and frothy. Occurs in disease of Lung such as Consumption, also in Heart Disease and accidental injuries to chest. Place patient on back, give ice to suck, apply cold water cloths or ice to chest, hot water bottle to feet.

10. Bleeding from Stomach.—Blood is vomited and dark in colour, may be clots or like coffee-grounds. Place patient on back and keep absolutely quiet; give no food or drink by mouth; a little ice to suck.

WOUND DRESSING.

11. To Dress a Wound.—Check bleeding in manner already described, proceed to clean wound and surrounding parts, using plenty of hot water if available, cold if not; if possible obtain some antiseptic or disinfectant liquid to add to water.

12. Antiseptic or disinfectant solutions are numerous and can usually be obtained, such as Condy's

Fluid, Jeyes' Fluid, Lysol, Izal, Sanitas, carbolic acid, etc. Directions are given on each bottle. Care should be taken with carbolic acid, as it is strong and burns; the strength should be one teaspoonful to half a pint of water.

13. Use clean cotton wool (absorbent), or clean soft linen, and wash wound thoroughly, covering it with wet pad whilst washing surrounding skin. Don't use a dirty, greasy bowl, or dirty old sponge.

14. Apply antiseptic lint or other dressing if available, if not, wring a piece of clean linen out of antiseptic solution and apply to wound. If neither is available, a little clean vaseline or boracic ointment may be spread on the linen to prevent it sticking. Friar's Balsam is also a good dressing for cuts and wounds.

SPECIAL WOUNDS.

15. Gunshot Wounds. — Small wound where bullet enters, larger and torn where it leaves the body. Damage done varies according to position and part of body struck; may fracture bone, pierce stomach, bowels, lungs, etc., wound blood-vessels, causing profuse bleeding.

Treatment consists in first checking bleeding, then apply antiseptic dressing, and treat shock.

16. Wounds of Stomach and Bowels.—Very serious, bowel may protrude; lay patient on back, raise shoulders and bend up knees, clean wound of dirt, and apply antiseptic pad, and treat shock.

17. Cut-Throat.— May cut large blood-vessels such as jugular veins and windpipe. Check bleeding by means of pressure on bleeding vessels, then mop out blood if windpipe is cut to prevent suffocation.

18. Poisoned Wounds.—When dirt gets into wound and "matter" forms, also from injuries by dirty instruments, rusty nails, etc., and from animal bites and insect stings. Wound becomes inflamed, burns and throbs, and is very painful. Cleanse thoroughly with strong antiseptic such as carbolic acid (one part in twenty). If matter forms must always be let out.

BITES AND STINGS.

19. Animal Bites.—For dog-bites cleanse as above, and then cauterise. For snake-bites and bites of mad dog, at once suck wound, tie handkerchief

round limb above wound, apply strong antiseptic or touch with red-hot iron.

20. Insect Stings.—Remove sting of bee or wasp if possible by pressure with thumb-nails or watch-key, and then apply weak solution of ammonia or bicarbonate of soda.

FRACTURES.

21. Fractures, i.e., Broken Bones, are of two kinds :—

SIMPLE FRACTURES.—When the bone is broken but no external wound leading from skin to broken bone.

COMPOUND FRACTURES.—When bone is not only broken but also an external wound leading from skin to broken bone, from which broken end may protrude —very serious.

22. Always examine patient carefully for fracture after an accident, and don't move him until quite sure there isn't one.

23. Signs of Fracture of Limb.—Pain, loss of power to move, deformity of limb, swelling, un-

natural movements of broken pieces, grating of broken ends.

24. Don't move patient when signs of simple fracture present until broken bones have been secured by temporary splints, otherwise great danger of causing broken end to pierce skin.

25. Removal of Clothes from Broken Limbs.—Take off sound side first, then slit down seam of injured side if necessary, cut shirt and vest down front; don't forcibly pull boots off if foot injured, but cut laces and slit down back if necessary.

26. Temporary Splints.—Walking-sticks, umbrellas, cricket bat, stumps, rifle, bayonet, pieces of wood, strong cardboard, etc. Pad them with some soft material, such as wool, towels, vest, straw, etc.

27. Don't bandage over fracture, and always let knots rest on splint, not on limb.

SPECIAL FRACTURES.

28. Fracture of Collar Bone.—Can often feel broken ends with fingers, swelling, compare with sound side. Remove clothing as described. Put good pad in armpit, bring arm close to side with fore-

arm across chest, put arm in broad sling, and fix to side with bandage.

29. Fracture of Arm.—Usual signs of fracture. Put splint on outer side from shoulder to just below elbow-joint, and one on inner side well padded, bandage, and sling from wrist.

30. Fracture of Forearm.—Usual signs, apply two splints, one in front and one at back from elbow to tips of fingers, bandage, and broad sling.

31. Fracture of Thigh.—Usual signs and can't lift leg, also foot turned out, and limb shortened. Get long splint, *e.g.*, rifle or broomstick to apply to outer side from armpit to a few inches beyond foot; also short splint for inner side of thigh. Gently pull leg straight and fix splints by means of several bandages, one round chest, one round pelvis, one above and another below fracture, one below knee, and one round ankle. Fix injured leg to sound one.

32. Fracture of Leg.—One or both bones may be broken. Usual signs. Take great care not to let shin bone pierce skin. Apply splint to outer side and one to inner side from just above knee to just below

foot, bandage above and below fracture, and tie both legs together.

33. Fracture of Ribs.—Pain on taking breath; place hand over injured spot and feel grating as patient breathes. When lung is injured—blood spitting. Bind up firmly with towel or broad flannel binder round chest, and pin firmly down front.

34. Fracture of Lower Jaw.—Patient can't open and shut mouth properly; line of teeth uneven; feel grating with hand; bleeding from mouth if compound. Gently press chin upwards, and fix with a four-tailed bandage.

35. Fracture of Skull.—Two kinds, according to situation, vault and base.

FRACTURE OF VAULT.—Usually external wound and bone cracked or driven in, may cause compression of brain and patient becomes unconscious. Clean and dress wound with antiseptics in usual way, and then treat the compression of brain (which see).

FRACTURE OF BASE.—May be no external wound, but bleeding from ears, nose, and mouth; patient gradually becomes deeply unconscious from compression of brain, and treatment is for this.

36. Fracture of Spine.—Result of great violence, such as being run over, or heavy blow, or fall across back. Patient helpless owing to paralysis below injury. Place him flat on his back, and do not move him from this position until stretcher, shutter, door, or gate is obtained, and several persons to assist to place him carefully on it.

37. Fracture of Pelvis.—Causes similar, and same treatment as for fracture of spine, with addition of stout bandage round pelvis. If bladder injured, patient may not be able to pass water, which will contain blood.

DISLOCATIONS.

38. Joints are dislocated when the bones are forced out of their proper position.

The common dislocations are those of shoulder joint, elbow, thigh, and jaw.

39. Dislocation of Shoulder. — Arm hangs down by side useless, much pain on trying to move it; compare with sound arm and note deformity, limb often lengthened; may feel round head of bone in arm-pit or in other abnormal situation. Put arm in

sling and seek medical aid. Do not attempt to reduce a dislocation.

40. Dislocation of Elbow Joint.—Much deformity, which is obvious; limb may be lengthened or shortened. Put arm in sling and seek medical aid.

41. Dislocation of Hip Joint.—Patient helpless, can't walk, the head of thigh-bone slips out of hip joint, and, according to position, leg may be lengthened or shortened, and turned in or out. Remove on stretcher or shutter and seek medical aid.

42. Dislocation of Lower Jaw. — Usually occurs during yawning; mouth cannot be closed. Don't use force to try and replace, but with bandaged thumbs may gently press on last molar teeth and tilt up chin. If it doesn't slip back, get medical aid.

SPRAINS.

43. When a limb is wrenched or twisted the joints and muscles are sprained. A sprained joint swells because small veins are torn, and blood escapes into the tissues, causing the flesh to become "black and blue" when the bruise comes out.

TREATMENT.—Apply cold water immediately, as by holding under tap for few minutes. This helps to check bleeding into flesh and lessens swelling. Then wrap in wool or flannel and bandage firmly. If elbow or wrist joint, put arm in sling. If knee or ankle joint, absolute rest. If in doubt as to fracture always apply splints.

Severe pain may follow some hours afterwards, and is best relieved by hot fomentations. When pain has subsided it is best to apply cold applications again to lessen swelling and inflammation.

BURNS AND SCALDS.

44. Clothes on Fire.—Extinguish by means of coat, rug, wet towels, or tablecloth, which should be immediately wrapped round patient, rolling him on floor if necessary.

45. When in burning house, or going into room where much smoke or gas, put a wet cloth or towel over mouth and nose.

46. Burns due to dry heat, scalds due to moist heat, cause simple redness, or blistering or charring.

Extensive burns and scalds cause great shock to nervous system, and are frequently fatal.

47. Treatment. — Exclude air as quickly as possible ; take great care, in removing clothes, not to break blisters or tear off skin. Apply olive or salad oil, vaseline, or boracic ointment, on lint or soft linen.

48. Burns from acids, such as oil of vitriol, should be freely washed with water, and then with solution of bicarbonate of soda, and dressed as above.

49. Burns from alkalis, such as caustic potash and soda, should be washed freely with water and then vinegar and water, and dressed as above.

FOREIGN BODIES.

50. In the Eye.—" Grits " should be removed by pulling down lower eye-lid and gently wiping away with a soft handkerchief. If in upper lid, turn up lid over a pencil and remove in same way. Then drop in a little olive or castor oil, and apply pad of cotton-wool and bandage. Don't attempt to remove " grits " fixed in eye-ball.

For burns of eye with acid and lime in eye, wash freely with water and drop in oil.

51. In the Ear and Nose.—Children put beads, buttons, peas, pips, etc., in, which are often difficult to get out. Best to take to doctor at once, as you might push them further in, not having proper instruments.

52. In the Throat.—Children occasionally get food, cherry-stones, marbles, toy whistles, etc., fixed in, and are in danger of choking. Try to hook out with finger ; pull tongue forward, and thump on back. Fish-bones may stick in tonsils, and, if can be seen, may be picked out with forceps (sugar-tongs may do). If can't be seen, patient should swallow a good bolus of bread.

53. Most of the above conditions require the prompt attendance of doctor.

FAINTING.

54. Fainting is due to feeble action of heart, caused by fright, pain, close atmosphere, bleeding, etc.

55. Signs of Fainting.—Patient turns pale, may complain of feeling sick and giddy, begins to sigh, breaks out into a cold sweat, staggers, and, if fainting fit is complete, falls insensible.

56. Treatment.—Sit patient on chair and bend head forwards and down until it is between knees, taking care to hold him from falling forwards. Plenty of fresh air, smelling salts, drink of cold water, 20 drops of sal-volatile or a teaspoonful of brandy in a wineglassful of water. Take from hot room into fresh air.

57. If patient faints right away and is insensible, lay flat on back, loosen neck-bands, rub limbs upwards, apply hot flannels over heart and hot bottles to feet, with other treatment as above on recovering.

UNCONSCIOUSNESS.

58. When a person is found in an unconscious state, first of all try to find out the cause, so that you can give the right treatment.

Causes are numerous, the chief being : Injuries to head, fits, poisons, and various diseases (such as kidney disease and diabetes), etc.

59. Concussion of Brain.—Stunning, frequently caused by direct injury to head ; patient unconscious —stunned ; pale and cold, breathing slow and quiet ; pulse feeble and quick ; often vomits on recovering. Brain has simply been shaken up.

60. Treatment.—Lay patient flat on back, loosen things round throat; apply cold water cloths to head, and hot water bottle to feet, and keep him absolutely quiet.

61. Never give brandy or other stimulant in these cases of unconsciousness due to brain troubles.

62. Compression of Brain.—Far more serious form of insensibility, due to blood inside skull or "water on brain," gradually pressing life out of brain. CAUSES.—Fracture of skull, either vault or base, bullet wound of skull; blood-vessel bursting inside skull from injury or disease (*e.g.*, apoplexy); various diseases (*e.g.*, meningitis).

63. Signs and Treatment.—Patient becomes deeply unconscious and can't be roused; face often flushed; breathing loud and noisy, often snoring, cheeks being often puffed out and in; pulse usually slow and full. Preliminary treatment as in case of concussion of brain.

64. Don't make serious mistake and think person is only "dead drunk," especially if breath smells of alcohol; this may have been given by some misguided person after an injury to head or fit, or patient

may have fallen when drunk and sustained fracture of skull.

FITS.

65. Epileptic Fit.—Three stages: (1) Begins suddenly with scream or groan, patient goes stiff and falls insensible, goes "blue in face," lasts half a minute; (2) Twitching of face, rolling of eyes, violent convulsions of whole body and limbs, goes "black in face," froths at mouth, may bite tongue, lasts three or four minutes, then (3) finally becomes quieter, deeply unconscious, and may pass into ordinary sleep for some hours.

66. Treatment during fit is to prevent patient hurting himself, loosen neck-bands, put spoon or piece of wood between teeth to prevent tongue being bitten, gently restrain movements of limbs, do not disturb patient, but allow to sleep it off.

67. Apoplectic Fit. — Occurs usually in old persons, due to bursting of blood-vessel *inside* skull. This causes gradual compression of brain, with its signs and symptoms (which see). If it comes on gradually—note paralysis of arm or leg, or both, on one or other side, which will be useless. If large

blood-vessel bursts patient rapidly becomes unconscious, and may quickly die of shock.

68. Treatment for apoplectic fit is similar to that for concussion and compression of brain. Place patient gently on back, with head slightly raised, apply cold water cloths or ice-bag to head; do not move him, but keep absolutely quiet. On no account give brandy or other stimulant.

69. Hysterical Fit.—Occurs usually in females of emotional nature, symptoms variable; often occurs after excitement; may begin to laugh and cry immoderately, or may fall down apparently unconscious, usually taking care not to hurt herself in falling; eyelids often tightly closed if attempts are made to raise them.

70. Treatment.—Rouse by speaking firmly and rather sharply—"come, wake up!" etc., gently smack cheeks, dash cold water in face, apply strong smelling salts to nostrils, &c.

DROWNING.

71. Immediately when person is removed from water, even when apparently dead, proceed with all

possible means of resuscitation, and keep going if necessary for some hours.

72. First wipe away all mud, weeds, and froth from mouth and nose; remove collar and tie or any tight clothing round neck and throat, loosen all clothing on chest, such as shirt or blouse, braces or corsets.

73. Pull tongue forward when clearing out mouth by seizing hold with handkerchief over finger and thumb.

74. Proceed to do Artificial Respiration :—

FIRST METHOD.—Place patient on his stomach, face downwards and to one side, with head resting on one of his arms bent to keep nose and mouth clear of ground. Kneel by side of patient and place your hands spread out over lower ribs at back and side, one on each side. Gradually press downwards whilst you count three slowly, then relax pressure for two more seconds. Continue to do these movements one after the other twelve times a minute, keeping hands in same position, and arms straight all the time.

SECOND METHOD.—Place patient on his back with cushion or roll of clothing underneath shoulders. Kneel at head of patient and grasp both his arms

near elbows; bring them up over his head and down again to the sides of his chest with forearms crossing stomach; press arms steadily against lower ribs for two or three seconds, and then bring arms up above head again. Continue to do these movements about fifteen times a minute. Tongue is apt to fall back into throat and obstruct breathing in this method, so get some one to pull it forward with finger and thumb covered by handkerchief.

75. When breathing has been restored by one or both of these methods, or whilst they are being carried out, if other persons at hand, rub arms, legs, and body upwards to assist circulation; apply smelling salts, and give a little weak brandy and water or other stimulant. Wrap patient up, carry him home, and put to bed in warm blankets with plenty of hot bottles to feet, legs, sides of body, and arms.

POISONS.

76. Corrosive poisons are those which burn, and are of two kinds, acids and alkalies.

ACIDS.—Oil of vitriol (sulphuric acid), spirit of salt (hydrochloric acid), oxalic acid, carbolic acid, salts of lemon, etc. Cause burns about lips and mouth,

leaving white stain, and burning in throat and stomach.

Give olive or salad oil, white of egg, milk, bicarbonate of soda in water, chalk water, lime water.

Do not give an emetic.

ALKALIES.—Caustic potash and soda, ammonia, quick lime, etc. Cause similar symptoms to acid poisons, but red stains. Treatment the same as for acids, except give weak acid such as vinegar and water, instead of the soda, chalk, etc. Don't give an emetic.

77. Narcotic Poisons are those which cause drowsiness and finally deep sleep (Coma), such as laudanum, paregoric, and other medicines containing opium, morphia, also chloroform, chloral, etc.

Note in opium poisoning, pupils of eyes (*i.e.* black centre) very small—" pin-point pupils." In chloroform poisoning very large pupils.

TREATMENT. — Try to keep patient awake by walking him about and shouting at him. If he can swallow give an emetic, and then strong coffee. In later stage do artificial respiration.

78. Strychnine poisoning causes violent twitchings and convulsions, terror-stricken face, back becomes arched so that patient rests on back of head and heels. Give emetics, then Condy's Fluid, and later do artificial respiration.

79. Prussic Acid and Cyanide poisoning cause rapid insensibility, great shock and collapse, cold and clammy skin, feeble pulse. If in time before insensible give emetics, then stimulants; later do artificial respiration.

80. Vegetable Poisons.—Very numerous, such as Deadly Nightshade (causes dryness of mouth, delirium, dilated pupils), Monkshood (tingling of lips, tongue, convulsions), Laburnum (purging and vomiting), Poisonous Mushrooms (purging, colic, collapse). Give emetics, then stimulants, and apply hot bottles, treating the collapse generally.

81. Poisoning by shell fish, bad meat, or fish, due to so-called animal poisons (ptomaines), cause vomiting and purging with severe colic and collapse. Give emetics, then stimulants, and apply hot bottles.

EMETICS.

82. Emetics are given to produce vomiting, for

instance, in certain cases of poisoning. The simplest emetics, which are easily obtained, are :—

SALT AND WATER, WARM.—One tablespoonful to half-a-pint.

MUSTARD AND WATER, WARM.—Two teaspoonfuls to a tumbler.

IPECACUANHA WINE. — One tablespoonful in a wine glassful of water; used more for croup and bronchitis especially in children, not good in cases of poisoning.

Sulphate of zinc if can be quickly obtained from chemist is very good in cases of poisoning; give up to half-a-teaspoonful in warm water.

Give plenty of warm water to drink and put finger down throat.

SOME EMERGENCY ILLNESSES.

83. Convulsions.—Frequently occur in young children, very serious; causes, teething, stomach troubles, undigested food, worms, etc. Child begins to twitch violently, becomes rigid, hands clenched, "turns up whites of eyes," goes "black in face," and is insensible. Place child in hot water for few

minutes, apply cold water to head, rub with warm towel, and wrap up in hot blanket. Convulsions in adults due to fits and kidney disease, etc.

84. Croup.—Alarming condition; often comes on suddenly in young children at night. Child may go to bed apparently well, then wakes up in great distress, breathing with difficulty, peculiar croupy sound on taking breath, harsh cough.

Treatment: Whilst waiting arrival of doctor give emetic to make child sick—Ipecacuanha wine or salt and water; put hot linseed-meal poultice or hot fomentation round throat; steam kettle, or steam from jug of hot water to inhale, to which a teaspoonful of Friar's Balsam may be added. Remember it may be caused by diphtheria.

85. Colic.—Severe pain in stomach; three kinds:—

BOWEL.—Caused by indigestible food, unripe fruit, irritant poisons, etc. Pain often severe enough to cause fainting.

KIDNEY.—Caused by stone in kidney passing down to bladder. Severe pain in flank and lower part of stomach, patient turns pale and faint, cold sweat, may vomit, may pass blood in urine.

LIVER.—Caused by gall-stone passing from gall-bag in liver down into bowel. Severe pain in upper part of stomach, vomiting, later may become jaundiced, and urine very dark in colour.

General treatment for colic is to apply hot fomentations to stomach where pain is felt; can sprinkle one or two teaspoonfuls of turpentine on fomentations. Other treatment depends on cause—*e.g.*, emetic and aperient (castor oil) when due to food and fruit.

Treat the fainting and collapse in the usual way.

RETENTION OF URINE.

86. When urine cannot be passed it causes much pain and swelling in the lower part of the abdomen. This retention of the urine may be caused by many conditions, such as: Cold, Inflammation, Injuries to Bladder, Stricture, Stone in Bladder, etc. Urine may also be suppressed when none is excreted by the kidneys.

TREATMENT.—In simple cases patient should sit in warm bath, hot fomentations applied, and hot drinks, such as barley water, or weak gin, given. More serious cases require medical or surgical treatment according to cause.

RUPTURE.

87. When a piece of bowel or other contents of the abdomen pushes it way between the muscles and bulges beneath the skin a rupture is produced.

This occurs where abdominal wall is weak, viz:— At the navel, in the groins, and also at the top of thighs. May come on gradually or may be produced suddenly by excessive strain, as by lifting heavy weight.

TREATMENT.—Lay patient on back with legs drawn up, and very gently press swelling in; it often goes back with a gurgling noise. Then apply pad and bandage. Never use force, and always seek medical advice.

LUMBAGO.

88. Sudden acute pain in back may be due to Lumbago, which may come on so suddenly and be so severe that the patient cannot move.

TREATMENT.—Put the patient to bed, and apply hot turpentine fomentations, that is, flannel wrung out of very hot water, to which one tablespoonful of turpentine is added to the pint.

SHOCK AND COLLAPSE.

89. Shock to nervous system causing collapse, caused by severe accidents, especially injuries to abdomen, fractures, burns, severe bleeding, fright, etc. Patient turns deadly pale, shivers, breaks out into cold clammy sweat, pulse scarcely perceptible, patient often quite conscious.

90. Treatment of Shock.—First treat the cause (for example, stop bleeding); then plenty of fresh air, hot blankets, and hot bottles; smelling salts, sal-volatile, or other stimulant, as brandy, etc., provided there is no bleeding; gently rubbing of limbs upwards; raise foot of bed on books or bricks; rectal injection (*i.e.*, into bowel from below) of warm salt and water, one teaspoonful to pint.

A FEW FIRST AID DON'TS.

91. Don't let a lot of people crowd round an injured person.

92. Don't forget to make patient comfortable by getting something for him to lie on, to rest his head on, and to cover him.

93. Don't move an injured person until you are sure no bones are broken.

94. Don't handle a broken limb more than is absolutely necessary.

95. Don't move a patient with a broken limb until it has been securely fixed in some way.

96. Don't put a dirty dressing on a clean wound—better none at all.

97. Don't plaster a wound with a lot of grease—the simpler the dressing the better.

98. Don't pour liquids into the mouth of an unconscious patient; you can see and hear patient swallow when jaw is pushed forward.

99. Don't give brandy or other stimulant in cases of injury to head, or fits.

100. Don't fail to send for doctor when in doubt, and in all cases of serious illness or accident.

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